

M13000665506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

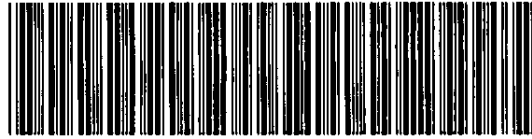
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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13 SEP -5 AM 10:26  
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TALLAHASSEE, FLORIDA

J. Shivers SEP 06 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 778087 7925111

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25,000

ORDER DATE : August 27, 2013

ORDER TIME : 9:07 AM

ORDER NO. : 778087-011

CUSTOMER NO: 7925111

DOMESTIC AMENDMENT FILING

NAME: NCODED COMMUNICATIONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT

EXT#52956

EXAMINER'S INITIALS: \_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
NCODED COMMUNICATIONS, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

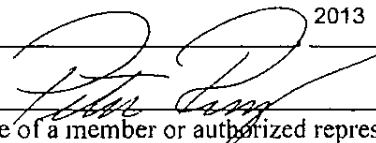
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The incorrect statement is that the managing member of NCODED COMMUNICATIONS, LLC is not I.D. RANK SECURITY, INC. This managing member was listed in error. The corrected statement is the managing member is CIFERCOM, LLC, 17633 Gunn Highway, Hwy #188, Odessa, FL 33556.

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: 4th September 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Peter Rung

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

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